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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-IX 2965	
SERIAL NO: 09/016,061	FILING DATE: January 30, 1998	EXAMINER: P. Gambel	GROUP ART UNIT: 1644	
INVENTION: ANTI- α,β , RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE				
TO COMMISSIONER FOR PATENTS				

TECH CENTER 1600/2900

OCT 18 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on October 10, 2001.

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

October 10, 2001
Date of Signature

Transmitted herewith is a Response to the Office Action mailed April 10, 2001, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☒ Appendix A.
- ☒ Information Disclosure Statement.
- ☒ PTO Form 1449 with 4 references.
- ☒ Thirteen (13) Sheets of Formal Drawings.
- ☒ Notice of Appeal (in duplicate).
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	73	- 79	- 0	x	\$9	\$18	= \$0.00	\$
INDEPENDENT CLAIMS	6	- 24	- 0	x	\$42	\$84	= \$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO		\$140	\$280	= \$0.00	\$
TOTAL ADDITIONAL FEE							\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.


** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: William D. Huse
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- ☐ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$620.00 is enclosed, \$460.00 of which covers the fee for a three-month extension of time and \$160.00 of which covers the notice of appeal fee.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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